MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02752

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton — LENGTH OF STAY (in this place) 2yrs.11mos.16days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 25,
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural give location) 305 Bridgeview Road

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) (Last) ADAMS

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Married	Aug. 19, 1910	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	Private family	Goldboro, N. Carolina	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hollyway	Virginia Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Far Advanced Bilateral Pulmonary & Renal Tbc.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: January, 1950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1950, to March 29, 1953, that I last saw the deceased alive on March 29, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D ADDRESS Henryton, Maryland DATE SIGNED 3/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/53	Morris Cochran	Balto Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29-53	Albert R. Swankhaus	Katie R. Williams	3224

Local Deputy

Shropdon Sc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02753

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2506 E. Federal St.

3. NAME OF DECEASED: (Type or Print) (First) (Harry) (Middle) Henry (Last) Alt

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/5/68

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barber Oasper Alt

14. MOTHER'S MAIDEN NAME: unk Margaret Silver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: 214-22-2132

17. INFORMANT & ADDRESS: Springfield State Hospital, Sykesville, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Acute cerebrovascular accident	12 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pneumonia	6 hours
	DUE TO (c) Arteriosclerosis	over 6 yea
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with cerebral arteriosclerosis	5 year

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE - (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 9/20, 19 50, to 3/2, 19 53, that I last saw the deceased alive on 3/2, 19 53, and that death occurred at 6:40 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henrikas Armanavicius, M.D. — ADDRESS Henrikas Armanavicius M.D. — DATE SIGNED 3/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 3-5-53 — **NAME OF CEMETERY OR CREMATORY** Baltimore Cem. — **LOCATION** (City, town, or county) (State) North Ave. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 3/4/53 — **REGISTRAR'S SIGNATURE** C W Heckrotte

24. FUNERAL DIRECTOR John C. Miller Inc. — **ADDRESS** 2435 E. Oliver St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12754)

CERTIFICATE OF DEATH

(Use) Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 4/11/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3025 Windsor Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Scott (Last) AMOS

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated

8. DATE OF BIRTH: February 27, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months -, Days 11; IF UNDER 24 HRS.: Hours -, Min. -

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: --- Unk ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Amos

14. MOTHER'S MAIDEN NAME: Lyddy Horney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
443X Immediate cause	(a) Cerebrovascular accident	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive vascular disease	more than 1 yr.
	DUE TO (c) Arteriosclerosis " "	1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis " "	1 yr

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---
INJURY OCCURED While at Work ☐ Not While At Work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 15, 1952, to March 10, 1953, that I last saw the deceased alive on March 10 1953, and that death occurred at 7:05 pm, from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title)
Martin Gross, M.D.
ADDRESS Sykesville, Md.
DATE SIGNED March 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3/12/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Balto City Md

DATE REC'D BY LOCAL REGISTRAR 3-12-53
REGISTRAR'S SIGNATURE C. Harry Weed
GENERAL DIRECTOR Frances G. Hensley
ADDRESS 578 N. Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3456

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emory (Middle) C. (Last) Baust

4. DATE OF DEATH: (Month) Mar (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-11-1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Baust

14. MOTHER'S MAIDEN NAME: Margaret Starner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Ida W. Baust RD Tenion Bridge Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331 X

Immediate cause (a) Uremia Sclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) followed by Cerebral Hemorrhage

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1953, to Mar 17, 1953, that I last saw the deceased alive on Mar 17, 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Legg M D Union Bridge Md 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/20/53 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Uniontown, Carroll Md.

DATE REC'D BY LOCAL REGISTRAR 3/20/53 — REGISTRAR'S SIGNATURE Margaret R. Englar

24. FUNERAL DIRECTOR C. O. Fuss & Son — ADDRESS Taneytown, Md.

RECEIVED
APR 14 1953
BUREAU V. S.

02755

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester —
STREET ADDRESS (If rural, give location) #100 Westminster St.

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Mae (Last) Black
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH February 9, 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland Carroll Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Miller
14. MOTHER'S MAIDEN NAME unknown Mary Hamis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Clayton M. Black Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Coronary Embolism	suddenly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Myocarditis	?
	(c) Hypertrophic Cardio Vascular disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 1, 1947, to March 21, 1953, that I last saw the deceased alive on March 14, 1953, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (Degree or title) M D ADDRESS Hampstead Md DATE SIGNED 3-21-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/25/53
NAME OF CEMETERY OR CREMATORY Manchester Cem.
LOCATION (City, town, or county) (State) Manchester Carroll Co. Md.

DATE REC'D BY LOCAL REG. Mar. 23/53
REGISTRAR'S SIGNATURE Mrs. L R C Denner
24. FUNERAL DIRECTOR R B Wing ADDRESS Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02756

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — STATE MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton

LENGTH OF STAY (in this place): 7mos, 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): W 542 N. Barre Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JOHN		CAZY	March	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Married	May 10, 1910	42		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Longshoremen	Woodstock, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		218-10-8189	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0027

Immediate cause — (a) Pulmonary Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Mod. Adv. Pulmonary Tuberculosis, with right — DUE TO

(c) upper Lobectomy

Interval Between Onset And Death: January, 1951

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1952, to Mar. 9, 1953, that I last saw the deceased alive on Mar. 9, 1953, and that death occurred at 5:40 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): T.F. Postal M.D — ADDRESS: Henryton, Maryland — DATE SIGNED: 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/14/53	Mt Auburn	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 3-9-53 — REGISTRAR'S SIGNATURE: [illegible] Deputy Local

24. FUNERAL DIRECTOR — ADDRESS: Charles A. Rice 66 W. Barre St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02757

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN UPPERCO
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) R. (Last) CLARK

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1884(?)

9. AGE last birthday: 69(?) yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Unk –

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk –

14. MOTHER'S MAIDEN NAME: Unk –

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: Unk –

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic heart disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CBS associated with circulatory disturbance, cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 19 53 to March 9, 19 53 that I last saw the deceased alive on March 9, 19 53, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross, M.D. (Degree or Title) — ADDRESS — DATE SIGNED

Gertrude M. Gross, M. D. Springfield State Hospital, Sykesville, Md. 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-12-53 — NAME OF CEMETERY OR CREMATORY St Paul Cem. — LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REGISTRAR 3-10-53 — REGISTRAR'S SIGNATURE C. Henry Eden

24. FUNERAL DIRECTOR Edward C. Tipton, Hampstead Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4/5

02758

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Westminster — LENGTH OF STAY (in this place) 4 weeks	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glover's Nursing Home	STREET ADDRESS (If rural, give location) 417 E. Main St. Extended

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Henry (Last) Croft

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 22, 1871

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Bld. Const.

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Croft

14. MOTHER'S MAIDEN NAME: Mary E. Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT AND ADDRESS: Mrs. Edw. M. Mancha Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	2-13-53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Nephritis Acute	2-20-53
(c)	Uremia	2-26-53

32 IX

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-1953 to 3-1-1953 that I last saw the deceased alive on 2-28-1953, and that death occurred at 2:30 a m., from the causes and on the date stated above.

SIGNATURE: W. C. Jennette (Degree or title) Md. — ADDRESS: Westminster Md — DATE SIGNED: 3-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 3, 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Cemetery — LOCATION (City, town, or county) (State): nr Hampstead Md.

DATE REC'D BY LOCAL REG.: 3/2/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 9 FilmG152 3/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (02759)

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg; STREET ADDRESS (If rural give location) -

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) Barnett (Last) Davies

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953

5. SEX: m

6. COLOR OR RACE: w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6/20/1908

9. AGE last birthday: ~~52~~ 44 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Davies

14. MOTHER'S MAIDEN NAME: Jennie Skelton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Records Springfield State Hospital, Sykesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4227

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Myocardosis — over 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with organic brain disease — 10 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION (Huntington Chorea) 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -; (CITY OR TOWN) -; (COUNTY) -; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 9/20/50, to 3/14/53, that I last saw the deceased alive on 3/14/53, and that death occurred at 1:50 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Henrikas Armanavicius, M.D. ADDRESS Henrikas Armanavicius M.D Springfield State Hosp. DATE SIGNED 3/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3-17-53; NAME OF CEMETERY OR CREMATORY Frostburg; LOCATION (City, town, or county) Frostburg, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3-15-53; REGISTRAR'S SIGNATURE C. Harry Edwards

24. FUNERAL DIRECTOR J. J. Runstadler; ADDRESS Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02760

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; MARYLAND; LENGTH OF STAY (in this place) since 12-4-52; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1130 Mc Aleer Court

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Will (Last) Dyer

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 6, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Deleware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mitchel Wood Dyer

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records Springfield State Hospital, Sykesville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis and senile emphysema — years

DUE TO

(c)

422.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9/52, 19 52, to 3/29/53, 19 53, that I last saw the deceased alive on 3/29/53, 19....., and that death occurred at 1:25 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henrikas Armanavicius, M.D. Henrikas Armanavicius M.D. Springfield State Hospital 3/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-2-53

NAME OF CEMETERY OR CREMATORY: St Mary's

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 31, 1953

REGISTRAR'S SIGNATURE: C. Harry Allen

24. FUNERAL DIRECTOR ADDRESS: W. E. Cook, Inc. - 1217 W. Baltimore St.

Times 8,9 FilmG168 3/26/53 WHW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02761

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Mo. Ty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON
STREET ADDRESS (If rural give location) 2811 JENNINGS ROAD ✓

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) A. (Last) FLORENCE
4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: 3-24-78 87
9. AGE last birthday: 74 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unk -
14. MOTHER'S MAIDEN NAME: Unk -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: Unk -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION DUE TO — Interval Between Onset And Death: HOURS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) MYOCARDIAL DEGENERATION WITH HYPERTENSION DUE TO — HOURS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS associated with circulatory disturbance, cerebral arteriosclerosis with psychotic reaction

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1953 to March 16, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Izador Werbner, M. D. Springfield State Hospital, Sykesville, Maryland 3-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 20 1953 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR 3-19-53 — REGISTRAR'S SIGNATURE C. Harry Eicer

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 19 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 75 02762

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural — LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Snydersburg Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
STREET ADDRESS (If rural, give location) Snydersburg Rd

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Fourhsmann

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 11, 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Fourhsmann

14. MOTHER'S MAIDEN NAME: Lydia Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Alma Rhodes Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1 Immediate cause (a) Chronic Myocarditis — Interval between onset and death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerotic Cardiovascular disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 1 19 53 to March 23 19 53, that I last saw the deceased alive on March 23 19 53, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph E. Buck MD — ADDRESS Hampstead Md — DATE SIGNED 3-23-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 26, 1953	Stiltz Cemetery	Glen Rock, York Co., Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 23/53	Mrs. W. P. Bonner	J. Jacob Hartenstein	New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02763

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 8 mo. 25 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLEN ECHO EHIGHTS
STREET ADDRESS (If rural give location) 5217 Wissioming Road ✓

3. NAME OF DECEASED: (First) IDA (Middle) NICKOLINA (Last) GEIB
4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: 10-4-83
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Gov. Worker
10b. KIND OF BUSINESS OR INDUSTRY: Unk—
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? Unk—

13. FATHER'S NAME: BERNHARDT
14. MOTHER'S MAIDEN NAME: OLIVIA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk— (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk—
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Cerebral hemorrhage & convulsion — Interval Between Onset And Death: 10 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension & cardio-vascular disease — about 4 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS, associated with cerebral arteriosclerotic reaction, with psychotic reaction — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1952, to March 6, 1953, that I last saw the deceased alive on 3/5/53, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenfeldt M.D. ADDRESS Sprin field State Hospital, Sykesville, Md. DATE SIGNED 3-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-10-53
NAME OF CEMETERY OR CREMATORY New Port
LOCATION (City, town or county) (State) New Port, Rhode Island

DATE REC'D BY LOCAL REGISTRAR 3-6-53
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wm Chambers + Co. ADDRESS Wash. D-Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2764

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) D (Middle) EDWARD (Last) GILBERT

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 3/6/1877
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Gilbert
14. MOTHER'S MAIDEN NAME Ann Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Rice Gilbert Westminster Rural Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Arterio Sclerotic C.V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to Mar 7, 1953, that I last saw the deceased alive on Mar 5, 1953 and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED Mar 7/53

23. BURIAL, CREMATION REMOVAL (Specify) Removed
DATE THEREOF 3/10/53
NAME OF CEMETERY OR CREMATORY Saint Church
LOCATION (City, town, or county) Carroll Co. (State) Md

DATE REC'D BY LOCAL REG. March 7/53
REGISTRAR'S SIGNATURE Margaret R. Englar
24. FUNERAL DIRECTOR W. D. Hartzler & Sons ADDRESS Union Bridge & Tow Division, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

Items 13,14 FilmC152 3/31/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02765

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 5 mo 22 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE
STREET ADDRESS (If rural give location): 1812 East 30th Street

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) (Last) HAHN

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-12-80

9. AGE Last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank SCHELTZHORN

14. MOTHER'S MAIDEN NAME: Hunt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: necrotic softening of the brain (2 months)

332X

Immediate cause (a) Right middle & Anterior Cerebral embolism and

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ....

DUE TO

(c)

Interval Between Onset And Death: 2 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome, with senile brain disease, with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1952, to March 22, 1953, that I last saw the deceased alive on Mar. 22, 1953, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Izador Werbner, M. D. ADDRESS: Springfield State Hospital, Sykesville, Maryland DATE SIGNED: 3-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 3/25/53 NAME OF CEMETERY OR CREMATORY: Mt. Olivet LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REGISTRAR: 3-24-53 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Philip Herwig Sons ADDRESS: 2024 Orleans St 31

02766
76

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beaver Run

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
STREET ADDRESS (If rural, give location) Beaver Run

3. NAME OF DECEASED (Type or Print) (First) CARL (Middle) JERRY (Last) HALL
4. DATE OF DEATH (Month) Mar (Day) 19 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 10 - 1950
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl Junior Hall
14. MOTHER'S MAIDEN NAME Eula Cress
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Eula Hall - Finksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Drowning — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Beaver Run (CITY OR TOWN) Finksburg (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 19 53 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell into creek and drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 3/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 21 - 53
NAME OF CEMETERY OR CREMATORY Slemps Cemetery
LOCATION (City, town, or county) (State) Smyth Co. Virginia
DATE REC'D BY LOCAL REG. 3 - 20 - 53
REGISTRAR'S SIGNATURE Gary B. Elmore L. K. Woodward
24. FUNERAL DIRECTOR J F Elmore Sons Rustenburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 92767

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 639 South Kirkirk Street

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) (Last) HALL
4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 9-12-88
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK BREEDEN
14. MOTHER'S MAIDEN NAME: MARY BREEDEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC NEPHRITIS, TERMINAL URAEMIA — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis, toxic exhausted state and uremia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1953, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 11:25 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude A. Gross, M.D. — ADDRESS Gertrude A. Gross, M.D. Springfield State Hospital, Sykesville, Md. — DATE SIGNED 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-12-53 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) Shenandoah — (State) Va.

DATE REC'D BY LOCAL REGISTRAR 1/9/53 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Lilly & Bailey dm 403 — ADDRESS S. Wolfe

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02768

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
MARYLAND LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 902 Langley Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) EILA (Middle) AMELIA (Last) HEIGHAM

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-16-79

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unk —

14. MOTHER'S MAIDEN NAME: Unk —

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45/X

Immediate cause (a) Rupture of aneurysm of abdominal aorta — Interval Between Onset And Death: minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS associated with disturbance of growth, metabolism or nutrition, senile brain disease, with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to March 26, 1953, that I last saw the deceased alive on March 25 1953, and that death occurred at 12:35 a m., from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D. (Degree or title) ADDRESS DATE SIGNED

Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Maryland 3-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-28-53

NAME OF CEMETERY OR CREMATORY St Barnabas

LOCATION (City, town, or county) (State) Glen Hill, Md.

DATE REC'D BY LOCAL REGISTRAR 3-27-53

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Vienna E. Humphrey

ADDRESS Silver Spring, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02769

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
STREET ADDRESS (If rural give location) Marriottsville, Road.

3. NAME OF DECEASED: (Type or Print) (First) Mignonette (Middle) Katherine (Last) Hobbs
4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Oct. 7, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country) Bald. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Frederick Wild
14. MOTHER'S MAIDEN NAME: Regina Katherine De Graffe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Otis Baker, Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
240X Immediate cause	(a) Coronary thrombosis	none
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis, generalized	10 yrs
	DUE TO (c) Diabetes mellitus	10 yrs

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1950, to March 5, 1953, that I last saw the deceased alive on March 5, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzler (Degree or title) M. D. ADDRESS Sykesville, Md. DATE SIGNED March 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-9-53
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REGISTRAR 3-7-53
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02770

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) About 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 97 W. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 97 W. Green St.

3. NAME OF DECEASED (Type or Print): (First) NELL (Middle) VIRGINIA (Last) HOWERY

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 17 1885

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wytheville Wythe Co Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gordon Harris

14. MOTHER'S MAIDEN NAME: Alice Elizabeth Bannon Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Helen G. Howery, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolus — 1/2 hr.

463x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cor pHlebitis — 40 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☑ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7, 19 51, to 3/13, 19 53 that I last saw the deceased alive on 3/13, 19 53, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. Allen Moulton M.D. Westminster Md 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 16 53

NAME OF CEMETERY OR CREMATORY: Pleasant cemetery

LOCATION (City, town, or county) (State): Christiansburg, Va.

DATE RECD BY LOCAL REG. 3/13/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: J. E. Myers - J. Westminster Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2771)

CERTIFICATE OF DEATH

Reg. Dist. No. 7a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-01

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 3

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) Jenette (Last) Hull

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1877

9. AGE Last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Hoover

14. MOTHER'S MAIDEN NAME: Rebecca Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: C. Jesse Hull Westminster R.D. 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Hypertensive C.V. Disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Arteriosclerosis	10 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 36 to March 13 53, that I last saw the deceased alive on March 10 53, and that death occurred at 7p m., from the causes and on the date stated above.

SIGNATURE M. C. Patterfield (DEGREE OR TITLE) M.D. ADDRESS Hampstead, Md DATE SIGNED 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 16 53 — NAME OF CEMETERY OR CREMATORY Baust Reformed Cemetery — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR H. Bankard Son Westminster — ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62772

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH
COUNTY CARROLL COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD #1, WESTMINSTER
LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 MILES OUT OF WESTMINSTER ON ROUTE #140

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE CARROLL COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD #1, WESTMINSTER
STREET ADDRESS (If rural, give location) 6 MILES OUT OF WESTMINSTER ON ROUTE #140

3. NAME OF DECEASED (Type or Print) (First) MAURICE (Middle) DAVID (Last) JAMES

4. DATE OF DEATH (Month) MARCH (Day) 18 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Sept 22, 1884

9. AGE last birthday 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OWNER

10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas JAMES

14. MOTHER'S MAIDEN NAME [redacted] ELLEN Mahaley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 176-05-1766

17. INFORMANT AND ADDRESS WIFE - MALINDA JAMES - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval Between Onset and Death: 7 MOS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/18/53

19b. MAJOR FINDINGS OF OPERATION INOPERABLE UNDIFFERENTIATED CELL CARCINOMA LEFT LUNG & METASTASES

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1952, to 3/18, 1953, that I last saw the deceased alive on 3/17, 1953, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Levi Stewart, M.D. ADDRESS 59 WESTMORELAND ST WESTMINSTER DATE SIGNED 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/21/1953 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 3/19/53 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02773

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural give location) W. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T. (Last) Kiser

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 6, 1873

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Grain Elevator

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Kiser

14. MOTHER'S MAIDEN NAME: Alice Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-01-3813

17. INFORMANT & ADDRESS: George T. Kiser, Taneytown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Carcinoma of Rectum — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953, to March 1, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Benner M.D. ADDRESS Taneytown, Maryland DATE SIGNED March 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 4, 1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR March 4, 1953
REGISTRAR'S SIGNATURE Mary C. Watt, Deputy

24. FUNERAL DIRECTOR C.O.Fuss & Son, Taneytown, Maryland ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02774

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 119 N. Duncan Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) KLUKA

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-24-21
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN BORCHARDT
14. MOTHER'S MAIDEN NAME: MARY BORCHARDT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
410X
Immediate cause (a) Chronic heart failure and vascular nephritis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic heart disease with mitral stenosis and insufficiency
DUE TO
(c)

Interval Between Onset And Death: weeks; 24 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute brain disorder with systemic infection — days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1953 to March 4, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.
SIGNATURE Irene L. Hitchman, M.D. (Degree or title) ADDRESS Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Md. DATE SIGNED 3-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-7-53
NAME OF CEMETERY OR CREMATORY St Matthews
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 3-4-53
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR John Ulrich - 2008 Orleans St. Balto.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02775

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) since 11/21/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 410 W. Wilson Boulevard

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Guy (Last) LeFevre

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 16, 1891
9. AGE last birthday: 61 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Pattern maker
10b. KIND OF BUSINESS OR INDUSTRY: --- Unk —
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel LeFevre
14. MOTHER'S MAIDEN NAME: Leathia Ditto

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unkn. (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Acute cerebrovascular accident	16 hrs.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchopneumonia	8 hrs.
	DUE TO (c) Arteriosclerosis. Coronary heart disease. Hypertensive vascular disease	16 yrs.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with cerebral arteriosclerosis. 16 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED --- While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 5, 1953, to March 5, 1953, that I last saw the deceased alive on March 5, 1953, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henrikas Armanavicius, M.D.
ADDRESS Sykesville, Md.
DATE SIGNED 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-9-53
NAME OF CEMETERY OR CREMATORY Hagerstown
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR 3-6-53
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR C. M. Sutter
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02776

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 150 Liberty Street, Extd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) 150 Liberty — Extd

3. NAME OF DECEASED: (Type or Print) (First) PERCY (Middle) LEROY (Last) LEPPO

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 21. 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber yard. Ret.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William K. Leppo

14. MOTHER'S MAIDEN NAME: Emelia Fridinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-05-1706

17. INFORMANT & ADDRESS: Catherine Ohler 150 Liberty St. Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

42 .1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis — several yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952, to Mar. 7., 1953., that I last saw the deceased alive on Mar. 5., 1953., and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Allen Speicher Westminster Md — DATE SIGNED: 3/9/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 3/10-1953 — NAME OF CEMETERY OR CREMATORY: Woodlawn Memorial Gdns. — LOCATION (City, town, or county): Westminster — (State): Md.

DATE RECD BY LOCAL REG. 3/10/53 — REGISTRAR'S SIGNATURE: H. Edwardson

24. FUNERAL DIRECTOR — ADDRESS: R. Bankard & Son Westminster Md.

Item 18 Film G152 3-13-53 ams

02777

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (In this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Road	STREET ADDRESS (If rural, give location) Washington Road

3. NAME OF DECEASED (Type or Print)	(First) Ann	(Middle) Amelia	(Last) Lloyd	4. DATE OF DEATH	(Month) March (Day) 5 (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov.14,1874	9. AGE last birthday 78 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Norfolk, Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Alexander Cherry	14. MOTHER'S MAIDEN NAME Buena Vista Brown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. ----------	17. INFORMANT AND ADDRESS Mrs. W. F. Thomas Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175x Immediate cause (a) Pseudo mucinous cyst adenoma - Carcinoma — 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site: Ovary

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-2, 1953, to 2-5, 1953, that I last saw the deceased alive on 2-3, 1953, and that death occurred at 6 30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	M.D.	Westminster Md	3/5/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar.7,1953	NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	LOCATION (City, town, or county) Pocomoke City	(State) Md.
DATE REC'D BY LOCAL REG. 3/6/53	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02778

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manchester Road nr Mexico

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smallwood
STREET ADDRESS (If rural, give location): Westminster R. F. D. 6

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) Francis (Last) Logue
4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 15, 1869
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farms
11. BIRTHPLACE (State or foreign country): Carroll County, Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew J. Logue
14. MOTHER'S MAIDEN NAME: Mary Emily Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT AND ADDRESS: Elmer F. Logue R. 6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH *

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death: 2 yrs +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to Mar 11 1953, that I last saw the deceased alive on Mar 9, 1953 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C Reese Wilkens M.D. — ADDRESS: Carroll Westminster — DATE SIGNED: 3/12

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 14, 1953
NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery
LOCATION (City, town, or county) (State): Smallwood Maryland

DATE RECD BY LOCAL REG.: 3/17/53
REGISTRAR'S SIGNATURE: H Crawford

24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02779

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Manchester
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longaire Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 25 Sherwood Ave. ✓

3. NAME OF DECEASED: (First) Myrta (Middle) (Last) Mahon
4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 43

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widow	Dec 5. 1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Michigan	USA

13. FATHER'S NAME: Truman Downer
14. MOTHER'S MAIDEN NAME: Ann Wiston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	none	Margaret M Gardner, Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
442 X Immediate cause	(a) Coronic Myocarditis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Cardiac Renal Vascular disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Feb. 23, 19 43 to Mch. 2, 19 43, that I last saw the deceased alive on Mch. 1, 19 43 and that death occurred at 9:55 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Joseph E Bush	MD	Hampstead Md	3-2-43

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/4/43	Druid Ridge	Pikesville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/4/43	[illegible]	Frank H. Purdum	Pikesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02760

(2c) Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Carroll — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Sykesville

LENGTH OF STAY (in this place): 10 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Baltimore — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 2331 Aiken Street

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Aursula (Last) Mankus

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-25-95

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Smith

14. MOTHER'S MAIDEN NAME: Mary Mareski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X Immediate cause	(a) Chronic myocarditis	2 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis, hypertension	?
	DUE TO (c) Diabetes	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis die to other metabolic disease, hypertension and diabetes	

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---- (CITY OR TOWN) ---- (COUNTY) ---- (STATE) ----

TIME OF INJURY (Month) ---- (Day) ---- (Year) ---- (Hour) ---- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 9-23-, 19 52, to 3-16-, 19 53, that I last saw the deceased alive on 3-15-, 19 53, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. N. Martin, M.D. — ADDRESS Springfield State Hospital - Sykesville, Md. — DATE SIGNED 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 19/53 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) Frederick Rd. (State) Md

DATE RECD BY LOCAL REGISTRAR 3/17/53 — REGISTRAR'S SIGNATURE C W Herrick

24. FUNERAL DIRECTOR Chester E. Donovan — ADDRESS 3818 Poland Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02781

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
MARYLAND
LENGTH OF STAY (in this place): 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 3013 Orlando Ave

3. NAME OF DECEASED: (First) Frederick (Middle) K. (Last) McAbee
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 19 53
5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 5/21/62
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Hanover, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ???
14. MOTHER'S MAIDEN NAME: ???
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): ---
16. SOCIAL SECURITY No.: 218-07-2948
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

47.0X

Immediate cause — (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Old myocardial infarct — years?

DUE TO

(c) Bilateral lobar pneumonia — several days

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 9 years

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN): ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---
m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 15, 19 52, to March 25, 1953, that I last saw the deceased alive on March 24, 19 53, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross M.D. M. D.
ADDRESS: Sykesville, Md.
DATE SIGNED: March 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-27-53
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county): Balto
(State): Md

DATE REC'D BY LOCAL REGISTRAR: 3/26/53
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Mildred T. Blight
ADDRESS: 6009 Harford Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02782

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1 PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (In this place) 1 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-1
STREET ADDRESS (If rural give location) 948 Argyle Avenue

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) (Last) McCRAY

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 7-1-1916

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Parking Lot

11. BIRTHPLACE (State or foreign country): Sumter, S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paddon McCray

14. MOTHER'S MAIDEN NAME: Estelle Hickson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Lost

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Far Advanced Bilateral Cavitary Pulmonary Tbc. — Interval Between Onset And Death: July, 1952

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1953, to Mar. 6, , 19.53, that I last saw the deceased alive on Mar. 6, 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T.F. Postal M.D. Henryton, Maryland 3-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar 11 1953

NAME OF CEMETERY OR CREMATORY Mt Auburn Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 3-6-53

REGISTRAR'S SIGNATURE Elbert Swantham Deputy Local

24. FUNERAL DIRECTOR ADDRESS Adolphius Halstead 918 Druid Hill Avenue.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12783

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 5yrs. 1mo. 3 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -17
STREET ADDRESS (If rural give location) 1215 Laurens Street

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) (Last) McDONALD

4. DATE OF DEATH: (Month) March (Day) 5, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 25, 1908

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs

11. BIRTHPLACE (State or foreign country): Hamlin, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alec McDonald

14. MOTHER'S MAIDEN NAME: Hon Charlotte

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-14-6127

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Fatal Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Far Advanced Bilateral Cavitary Pulmonary Tbc. — DUE TO — Interval Between Onset And Death: Dec, 1947

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1948, to Mar. 5, 19 53, that I last saw the deceased alive on Mar. 5, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Postal M.D. Mt. Auburn Henryton, Maryland 3-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: Burial Mar. 10 1953

NAME OF CEMETERY OR CREMATORY: Hillsboro Plot

LOCATION (City or county) (State): Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR: 3-5-53

REGISTRAR'S SIGNATURE: Albert R. Swanson

24. FUNERAL DIRECTOR ADDRESS: Reckard Funeral Home 1031 Druid Hill Ave.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12784

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A6

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Alleg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 222 Harrison Street

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) --- (Last) MINGHINI

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: June 12, 1889 unknown

9. AGE last birthday: 63 ? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Berkley Co., West Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Francis Minghini

14. MOTHER'S MAIDEN NAME: - Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unkn. (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: 216 78 1329 unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — Interval Between Onset And Death: more than ½ year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adhesive pericarditis — more than ½ year

DUE TO

(c) ---

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatitis, Involutional psychosis, ~~plus arteriosclerosis~~ — 4-5 days, about 5 yrs

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from March 8, 19 49, to March 19, 19 53, that I last saw the deceased alive on March 19 1953, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D. M.D — ADDRESS: Sykesville, Md. — DATE SIGNED: 3/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/23/53 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Bullo Md

DATE REC'D BY LOCAL REGISTRAR: 3/23/53 — REGISTRAR'S SIGNATURE: H. D. Pleasants

24. FUNERAL DIRECTOR: Paul G Heemann — ADDRESS: 6067 Harford Rd.

Dup

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12785

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster

LENGTH OF STAY (in this place) 8 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 E. Green Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster

STREET ADDRESS (If rural, give location) 27 E. Green St.,

3. NAME OF DECEASED: (Type or Print) (First) THOMAS-DANIEL-NAUGHTON (Middle) (Last)

4. DATE OF DEATH: (Month) 3/ (Day) 2/ (Year) 53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10/6/1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
maintence	Western Electric Co.	England	U-S-A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Naughton	Bridget Maguire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
No.	217-24-6456	Mrs. Thomas Naughton Westminster, Md. 27 E. Green St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	25 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary artery disease	10 days.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1953, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 7:24 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James T Mavel	M.D.	Westminster Md	3-12-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/16/53	Mt. Carmel Cemetery	Littlestown, Adams Co. PA.

DATE RECD BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/53	A. Woodward	J. N. Little & Son.	Littlestown, PA.
		Per. R. A. Little	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 7-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1K 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location) Route 1 -

3. NAME OF DECEASED: (First) HELEN (Middle) GROTON (Last) PALMER

4. DATE OF DEATH: (Month) Mar (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23. 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Taylor

14. MOTHER'S MAIDEN NAME: Laura Belle Disco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Herbert Palmer. Finksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic C-V disease — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic cystitis

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 13, 1953, to Mar 27, 1953, that I last saw the deceased alive on Mar 26, 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE James T Mared — (DEGREE OR TITLE) M.D. — ADDRESS Westminster Md — DATE SIGNED 3/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Mar 30 - 1953 — NAME OF CEMETERY OR CREMATORY Presbyterian cemetery — LOCATION (City, town, or county) (State) Finksburg Maryland

DATE REC'D BY LOCAL REG. Mar 28-53 — REGISTRAR'S SIGNATURE Walter H Short

24. FUNERAL DIRECTOR Wenrey Carroll & Sons. — ADDRESS Aberdeen Md.

L.F. Woodward-emc

MAR 31 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3466

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Allegany~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nizia NUNZIA (Middle) Labic LUBIA (Last) Polidora POLIDOR

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ? ?
8. DATE OF BIRTH: ? ?
9. AGE last birthday: 75 ?? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: — Home
11. BIRTHPLACE (State or foreign country): not known
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk —
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

		Interval Between Onset And Death
Immediate cause	(a) Myocardial infarct	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive cardio vascular disease	4 years
	DUE TO (c) Old healed fracture l. femur, and right ulna	4 yrs, 2½ yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic-depressive Psychosis, hypomanic type 35 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to March 28, 1953, that I last saw the deceased alive on 3/28, 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital, Sykesville Md. DATE SIGNED 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 4/8/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR April 8, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Bidd to Lo
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

1

T

APR

Patient was also known in this hospital by the name: Nunzia Lubue

Various ways of spelling name: Nunze Lubue
Nunzie Lubue
Nunza Lubue
Nuncie Lubue
Nunzea Lubue

Patient's husband wrote his name as: Polidor

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012787

CERTIFICATE OF DEATH Bc

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2116 N. Charles Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Sherman (Middle) - (Last) Poyner

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 46 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19 IX

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of bladder, metastasis of the brain ? — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Drug addiction

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1953, to 3/13, 1953 that I last saw the deceased alive on 3/13, 1953, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Springfield State Hospital 3/14/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 3-20-53 — NAME OF CEMETERY OR CREMATORY Valhimia — LOCATION (City, town, or county) (State) Valhimia, Oklahoma

DATE REC'D BY LOCAL REGISTRAR 3-17-53 — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Wade Haight — ADDRESS Sykesville, Md.

Wade H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 19 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02788

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) since 4/12/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 6427 Gilmore Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Morgan (Last) RITENOUR

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 5, 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George M. Ritenour

14. MOTHER'S MAIDEN NAME: Frances McIntosh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: 213-10-7618

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute coronary occlusion — Interval Between Onset And Death: 20 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — about 3 yrs.

DUE TO (c) ---

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — about 3 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Mar. 4, 1953, that I last saw the deceased alive on Mar. 4, 1953, and that death occurred at 7:30 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Wehrman, M.D. ADDRESS Sykesville, Md. DATE SIGNED 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/9/53

NAME OF CEMETERY OR CREMATORY Lorraine Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 3/6/53

REGISTRAR'S SIGNATURE C. M. Hedrick Jr.

24. FUNERAL DIRECTOR Wm. J. Vickers & Sons

ADDRESS Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02789

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 6/3/1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) April (Middle) C (Last) Roman

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-9-1895
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): factory worker
10b. KIND OF BUSINESS OR INDUSTRY: unk.
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henliene
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170X
Immediate cause (a) Carcinoma of the left breast with
DUE TO metastasis to the thoracic organs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO (c)

Interval Between Onset And Death: 18 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxicosis with goiter 16 years
Psychosis with metabolic disorder, thyrotoxic goiter 4 yrs 8 months

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 3, 1948, to March 18, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 12:05 a.m., from the causes and on the date stated above.
SIGNATURE Florian Nadolski (Degree or title) M.D. ADDRESS Springfield State Hospital DATE SIGNED Sykesville, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-21-53
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) Hancock Washington (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar. 20, 1953
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02790

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) J (Last) SHARRER

4. DATE OF DEATH (Month) Mar. (Day) 3 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/19/1859
9. AGE last birthday 93 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY Tenant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Jacob Sharrer
14. MOTHER'S MAIDEN NAME Christine Hinter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Robert Lowe, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerosis

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1953, to 3/3, 1953, that I last saw the deceased alive on 3/3, 1953 and that death occurred at 5450 m., from the causes and on the date stated above.

SIGNATURE T. H. Leggett (Degree or title) ADDRESS Union Bridge Md DATE SIGNED 3-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Surgical
DATE 3/6/53
NAME OF CEMETERY OR CREMATORY Hesters Cemetery
LOCATION (City, town, or county) Westminster Md. (State) Rural

DATE REC'D BY LOCAL REG. March 5, 1953
REGISTRAR'S SIGNATURE Leslie L. Kepp
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02791

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy — LENGTH OF STAY (in this place) 60 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) O.	(Last) SNYDER	4. DATE OF DEATH	(Month) Mar (Day) 2 (Year) 1953
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 2-1-1869	9. AGE last birthday 84 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Dennis Smith	14. MOTHER'S MAIDEN NAME Susan Long				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Howard E. Snyder, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Debility following Cerebral

331 X Antecedent cause(s) (b) Hemorrhage, Chron. Myocarditis,

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Cystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Mar 2, 1953, that I last saw the deceased alive on Mar 2, 1953, and that death occurred at 11 20 P m., from the causes and on the date stated above.

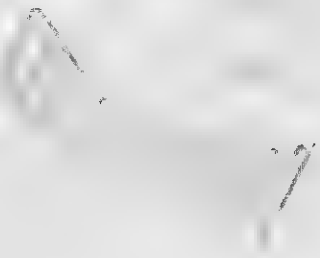
SIGNATURE C M Van Poole M.D. (Degree or title) ADDRESS Mt Airy Md DATE SIGNED 3-3-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 3-5-1953	NAME OF CEMETERY ~~OR CREMATORY~~ Pine Grove	LOCATION (City, town, or county) (State) Carroll Co., Md.
DATE REC'D BY LOCAL REG. Mar 4/53	REGISTRAR'S SIGNATURE Thos D Snyder	24. FUNERAL DIRECTOR C .M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 02792 70

CERTIFICATE OF DEATH

Reg. Dist. No. 444

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Detour Rural
LENGTH OF STAY (in this place) 55 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Detour Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) A (Last) Stambaugh
4. DATE OF DEATH: (Month) Mch. (Day) 16 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.12.1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. Whitmore
14. MOTHER'S MAIDEN NAME: Sabina Pittenger
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: J.Curtis Stambaugh. Detour MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arterio Sclerosis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Virus Pneumonia
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1953, to 3/16, 1953, that I last saw the deceased alive on 3/16, 1953, and that death occurred at I P:M:, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H Legg M D
ADDRESS Union Bridge
DATE SIGNED Collect M D

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mch.19.1953
NAME OF CEMETERY OR CREMATORY United Brethern Cem.
LOCATION (City, town, or county) (State) Thurmont. Fredk. Co. MD
DATE REC'D BY LOCAL REGISTRAR 3/18/53
REGISTRAR'S SIGNATURE Blanche S. Eyler
24. FUNERAL DIRECTOR M.L. Creager & Son
ADDRESS Thurmont. MD

Mrs. Ethel Mehring - cmc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO LOCAL REGISTRAR No._____DATE_____

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 62793

CERTIFICATE OF DEATH

not Pr

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) ALICE (Last) TIPTON

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: May 22-1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress -

10b. KIND OF BUSINESS OR INDUSTRY Westminster Coat Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George J. Schaffer

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-12-1197

17. INFORMANT & ADDRESS: Mrs Elizabeth Patterson Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 9 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio Sclerotic Hypertension a Cerebro Vascular Disease — 4 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 July, 1952, to 6 Mar., 1953, that I last saw the deceased alive on 6 Mar., 1953, and that death occurred at 7.50 p.m., from the causes and on the date stated above.

SIGNATURE Allen Morton (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-9-1953

NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/8/53

REGISTRAR'S SIGNATURE H Blanchard

24. FUNERAL DIRECTOR H Bankard & Son

ADDRESS Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02794

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo. 20 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural give location) 105 East Bradley Lane ✓

3. NAME OF DECEASED: (Type or Print) (First) ABRAHAM (Middle) PETER (Last) WECKERLY
4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 19 53
5. SEX: M
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 9-1-73
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ABRAHAM WECKERLY
14. MOTHER'S MAIDEN NAME: CATHERINE HORN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk - (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unk -
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
44(X) Immediate cause	(a) Pulmonary edema	hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic passive congestion due to heart failure	days
	DUE TO (c) Nephrosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome, senile brain disease, with psychotic reaction

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 19 53, to March 3, 19 53, that I last saw the deceased alive on March 3, 19 53, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D. DEGREE OR TITLE M.D. ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 3-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 3-5-53 NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-4-53 REGISTRAR'S SIGNATURE C. Harry Reed

24. FUNERAL DIRECTOR The S. H. Hines 1401-14th St. N.W. ADDRESS Washington D.C.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

02795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Alice	Camilla	Wetzel		March	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 27, 1866	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Keymtown, Md.	U.S.A.

13. FATHER'S NAME: Greenbury Baker
14. MOTHER'S MAIDEN NAME: Hepsie Brandenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	--	Miss Frankie Wetzel, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	3 yrs
	(c) Chr. Myocarditis	12 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 27, 1952 to Mar. 5, 1953, that I last saw the deceased alive on Mar. 4, 1953 and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Stanley Grabill	M.D.	Mt Airy, Md	3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 7 1953	Providence	Kemptown, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 6-1953	Thos D Snyder	Clin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02796

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville

LENGTH OF STAY (in this place): 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park, Maryland

STREET ADDRESS (If rural give location): 217 Manor Circle ✓

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) JOHNSTONE (Last) WOOD

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/4/75

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Worker

10b. KIND OF BUSINESS OR INDUSTRY: Loan Company

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unk —

14. MOTHER'S MAIDEN NAME: Unk —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Navy

16. SOCIAL SECURITY NO.: Unk -

17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4223 Immediate cause	(a) Chronic congestive heart failure	3 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Chronic myocardial degeneration DUE TO	5 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with senile cerebral changes — indefinite

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 19 53, to 3/12, 19 53, that I last saw the deceased alive on 3/12, 19 53, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): M. Veronica Bersin M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 3/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 18, 1953 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Alexandria, Va.

DATE REC'D BY LOCAL REGISTRAR: 3-16-53 — REGISTRAR'S SIGNATURE: C. Harry Elder

24. FUNERAL DIRECTOR — ADDRESS: Joseph A. Walsh 741-11th St. S.E. Wash. 3, D.C.

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 03797

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berrett
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS White Rock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berrett
STREET ADDRESS (If rural, give location) White Rock Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Carl (Last) Zapp

4. DATE OF DEATH: (Month) Mar. (Day) 6. (Year) 1953

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 15 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Landscape Gardener
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-26-1826
17. INFORMANT & ADDRESS: Mrs. George Zapp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
443X
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent cause(s) (b) Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Arteriosclerosis & hypertension

INTERVAL BETWEEN ONSET AND DEATH: 1/4 hr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to 3/6/, 1953, that I last saw the deceased alive on 3/4/, 1953, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (DEGREE OR TITLE) M.D. ADDRESS Randallstown, Md. DATE SIGNED 3/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 3-10-53
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Bladensburg Rd. (State) Md.

DATE REC'D BY LOCAL REG. 3-7-53
REGISTRAR'S SIGNATURE Edna M. Hewitt
3-10-53

24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 13 19
BUREAU V. S.